



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 111200002

CITY OR TOWN SHERBORN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE 1760 SOCIETY, INC.

DOING BUSINESS AS THE SHERBORN INN

ADDRESS 33 NORTH MAIN ST.

CITY/TOWN: SHERBORN

STATE: MA

ZIP CODE: 01770

MANAGER: COCCO, PHILIP

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE BLDG. OF 15,645 SQ. FT. ON TWO FLOORS AND AN OUTDOOR PATIO OF APPROX. 2400 SQ. FT. ADJACENT TO THE MAIN DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 111200003

CITY OR TOWN SHERBORN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WATKINS GROUP,INC.

DOING BUSINESS A SHERBORN WINE & SPIRITS

ADDRESS 00029A NORTH MAIN STREET

CITY/TOWN: SHERBORN

STATE: MA

ZIP CODE: 01770

MANAGER: WATKINS,  
ROBERT D

TYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1450 S/F SINGLE STORY BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 111200006

CITY OR TOWN SHERBORN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE 1760 SOCIETY INC.

DOING BUSINESS AS THE SHERBORN INN

ADDRESS 33A NORTH MAIN STREET

CITY/TOWN: SHERBORN

STATE: MA

ZIP CODE: 01770

MANAGER: FATHMAN,  
ROBERT

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

800 S.F. SINGLE STORY BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 111200008

CITY OR TOWN SHERBORN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHERBORN FUEL LLC

DOING BUSINESS AS SHERBORN MARKET

ADDRESS 21 SOUTH MAIN STREET

CITY/TOWN: SHERBORN

STATE: MA

ZIP CODE: 01770

MANAGER: WEATHERALL,  
LAURA M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

PREMISES IS A GAS STATION/ CONVENIENCE STORE. OUTSIDE ARE FOUR PUMP ISLANDS, EACH WITH TWO PUMPS, INSIDE THE RETAIL AREA IS APPROX. 1200 SQ. FT. WITH APPROX 200 ADDITIONAL SQ. FT. OF STORAGE. THE ENTRANCE IS IN THE CENTER OF THE FRONT OF THE BUILDING (WEST SIDE). THERE ARE TWO EXITS. ONE TO THE BACK STORAGE ROOM AND ONE TO AN ADJOINING PIZZA SHOP.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

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